NINDS CDE Notice of Copyright PEDS QL Multidimensional Fatigue Scale

Availability:	For more information about this scale please follow this <u>link</u> .
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Classification:	Exploratory for Mitochondrial Disease
Short Description of Instrument:	The PedsQL (Pediatric Quality of Life Inventory) is a modular instrument designed to measure health related quality of life (HRQOL) in children and adolescents ages 2-18 years. Composed of 18 items, the instrument possesses three subscales: general fatigue, sleep and rest fatigue, and cognitive fatigue. Both self-report and parental-report versions have been created to address issues of cross-informant discrepancies
	Specific population where scale is used (include age and criteria if applicable)
	Parent version: 2-18 years old.
	Child version: 5-18 years old, and adult
Scoring:	Likert scale used for scoring.
Rationale/Justification	Specific to Mitochondrial Disease
	Strengths: Fatigue is often a dominant symptom for mt disease pts; thus, a scale to record fatigue could have heuristic value for both pt and healthcare worker. The PedsQL MFS has been validated and applied extensively for many non-mt pediatric disorders in which chronic fatigue may manifest, including type 1 DM, rheumatological disease, obesity and cancer. The applicable age range is broad, being from 2-18yrs for the parent version and 5-adulthood for the child version. For young children, (ages 5-7), subjects can point to faces that match levels of severity/frequency of a given symptom. There is a corresponding parent report for each pediatric age range beyond 4yrs; from 2-4yrs, only the parents are queried. Each survey is brief and should take, at most, a few minutes for either parent or child to complete. Surveys are scored using a Likert scale from 0-4 in most cases.
	Weaknesses: The age range excludes pts <2yrs. However, many mt disease pt show signs c/w fatigue (weakness, floppiness, etc) before age 2 and many interventional trials would likely seek to enroll pts as early as possible to intervene before significant, irreversible damage occurs. Most, if not all, the age-dependent scales depend on a child with cognitive abilities greater than are present in many or most mt disease pts. The scale relies on recall over a 1 or 4 week period, which can lead to recall errors and is discouraged by the FDA in designing tools used as outcome measures in RCTs. I consider these last 2 issues to be the major limitations of the survey, viz applicability to mt disease

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	pts.
	Limitations
	 Age range doesn't extend below 2 yrs; however, many mt disease pts are diagnosed <2yrs of age and most interventional trials would likely seek to enroll pts as early as possible to intervene before significant, irreversible damage; Domains queried too limited and do not address major S/S common to mt pts, e.g., seizures, neurocognitive deficits and GI/neuromuscular complications; Scale implicitly relies on greater cognitive capacity than present in many/most mt disease children; Scale relies on recall over week-month, however, FDA discourages such scales b/o of recall errors Validated in a variety of pediatric diseases areas and effective across a large age range. Fatigue is a common complaint for patients with mitochondrial disease.
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feasibility, reliability, and validity.

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Mitochondrial Disease: No published articles using this scale in mitochondrial disease subjects, but a recent study in young patients with citrin deficiency used scale in patient and parents (MGM 109: 9-13, 2013).